

**Office of the Inspector General for Mental Health,  
Mental Retardation and Substance Abuse Services**

**Virginia Center for Behavioral Rehabilitation  
Petersburg, Virginia  
Snapshot Inspection**

**James W. Stewart, III / Inspector General**

**OIG Report #130-06**

The Office of the Inspector General conducted an unannounced inspection of the Virginia Center for Behavioral Rehabilitation (VCBR) on May 16, 2006. The inspection was designed to provide an evaluative review of the active treatment program, the census and associated staffing patterns, and the residential and treatment environment(s). Progress toward the resolution of a previously noted finding and recommendation was also reviewed. Inspection activities included:

- Interviews with 10 staff members, including administrative, clinical, and security personnel
- Interviews with 10 residents
- A review of 3 clinical records and other supporting documentation, and,
- The completion of a tour of the facility.

VCBR is the only maximum-security residential treatment program for civilly-committed sexually violent predators operated by the Department of Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). The facility, which became operational in 2004, is located in Petersburg but ground has been broken for a new permanent facility located in Nottoway County that will be occupied by the end of 2007.

The facility's operating budget for FY06 was \$5.8 million with the projected budget for FY07 to be between 6 -7 million dollars. According to information provided by DMHMRSAS Central Office, the average cost per bed day for FY06 was \$553. This was based on the average daily census of 22 residents.

The census on the day of the inspection was 28 residents. This is twice the number of residents served by the facility during the last inspection by this office in June 2005. Over the 30 months of operation for this facility, there have been 30 admissions. This admission rate has been less than the rate projected which was two per month. The difference was attributed to the length of time it takes for the Department of Correction's (DOC) Commitment Review Committee (CRC) to complete the evaluations.

## **1. ACTIVE TREATMENT PROGRAMMING:**

### **Finding 1.1: The provision of active treatment at VCBR has matured over the past year resulting in a more comprehensive program of treatment services.**

- Active treatment programming is divided into the following three levels of service, serving these numbers of residents at the time of the inspection:
  - Level I - Orientation and Assessment                      9 residents
  - Level II – Introduction to Treatment                      10 residents
  - Level III – Intensive Treatment                      9 residents
- Level I focuses primarily on assisting residents as they adjust to the setting and acclimating to the idea of engaging in treatment. Level II focuses on the development of life skills such as anger management, living within the rules, resolving conflicts and problem solving. Level III aids residents in understanding their individual pathways to offending, identifying alternatives to offending and learning the building blocks necessary for relapse prevention.
- The length of time spent in programming on a daily basis depends on the level. As a general rule, the higher levels spend more time in treatment.
- The continuing development of clinical services has created an emphasis on treatment and the formation of a therapeutic community within the setting. As clinical services have been crystallized, the role of security staff has been altered to support the successful delivery of therapeutic services.
- Clinical staffing has increased over the past year to include a fulltime substance abuse counselor and a fulltime adult educator.
- The facility has clarified the steps necessary for residents to move from one treatment level to another. The criteria includes both measurable behavioral changes and the degree to which each person is willing to actively participate in therapeutic activities.
- Residents are provided with at least quarterly progress reports so that they can determine how well they are doing.
- As program staff is expanded, the facility plans to offer active treatment groups in the evening.

### **No recommendation**

### **Finding 1.2: Both the residents and direct care staff demonstrated a basic understanding of the various levels and goals of the active treatment programs.**

- Based on the interviews completed with 10 residents, there has been a perceptible shift in their awareness of the treatment process since the OIG's last visit. This shift includes residents' attitude toward engaging in treatment and their insight into their own issues.
- Eight of the 10 residents interviewed reported having limited input to the development of their treatment goals. Overall, they reported that the criteria for treatment are highly structured but that staff provides them with a review of the expectations associated with each phase of treatment and establish goals for care based on their particular histories and offenses. All residents reported having an

opportunity to make written comments regarding their treatment plans while they were being developed as well as participating in 90 day reviews.

- All of the residents interviewed described the various life skills they have learned as the most helpful aspect of their treatment. In addition, four reported learning more about themselves and “what makes them tick”; two indicated that having someone to listen to them without judgment is important; and two indicated that being able to have family involved in treatment is extremely helpful.
- Seven of the 10 residents interviewed did not have a response to what they found the least helpful regarding the treatment they receive. Two did not feel it was important for them to participate in substance abuse education when that was not their issue, and one resident felt that he could be best served in an outpatient program, where he could work and attend classes.
- All of the direct care staff interviewed was able to verbalize a basic understanding of active treatment programming and outline specific strategies for assisting the residents in dealing with their behaviors and attitudes in preparation for reentry into the community.

### **No recommendation**

#### **Finding 1.3: The majority of residents identified boredom as a problem, particularly during non-programming times.**

- Six residents stated that even though they have busy treatment schedules during the day, they are often bored and lonely. They reported that it would be helpful if there were more opportunities to engage in work and/or recreational activities.
- The majority of direct care staff also identified evenings and weekends as challenging for residents because of the lack of structured activities.
- Every quarter there is a two-week gap in programming when active treatment is suspended while clinical staff are reviewing residents’ progress and discussing needed program changes. Residents indicate that boredom is much worse during these periods and time in the programs seems wasted.
- The facility is actively working to fill a recreational therapist position in order to offer more therapeutic activities during the evenings and weekends.

**Recommendation 1.3:** It is recommended that VCBR leadership in conjunction with the residents and staff develop strategies for providing increased activities during non-programming times. It is also recommended that the clinical staff review the effectiveness of suspending programming for an extended period during each review cycle.

**DMHMRSAS Response:** *VCBR now provides modified treatment programming each quarter, replacing the two-week gap in programming. During this time, residents continue to receive programming and have the ability to meet with their case manager, therapist, and treatment team to access their progress with their treatment goals.*

*VCBR has actively recruited for a recreation therapist for four months. Interviews were recently conducted and no viable candidate was found. Recruitment continues.*

*Residents have the opportunity to access the following activities: board games, cards, movie rentals, video games, basketball, volleyball, horse shoes, walking track, etc. VCBR has installed exercise equipment on the recreation yard, contracted with Netflix to provide video rental service, and purchased additional video games, movies, and board games.*

*Presently, the current facility infrastructure has no internal recreation space. Thus, recreation is limited to the resident living areas and outside activities. The new facility will provide space for a gymnasium, exercise, art, music therapy, educational and vocational activities.*

## **2. STAFFING:**

**Finding 2.1: The facility has been successful at developing a core of staff that is focused on the provision of safe and effective treatment. This has occurred in spite of the continuing challenges in recruitment and retention of qualified personnel.**

- All of the clinical staff interviewed expressed a belief in the treatment process and described progress made by a significant number of the residents in gaining understanding about their need for treatment.
- All of the staff interviewed had a good working knowledge of the facility's mission and values. Those interviewed highlighted the active treatment provided instead of a primary focus on security as heard during previous OIG visits. The clinical staff interviewed voluntarily reported appreciating the efforts of security in supporting the provision of active treatment.
- The facility has not incorporated elements of the recovery model into their mission or programming to date.
- All of the staff reported that the facility stresses the importance of healthy teamwork, which was identified by those interviewed as the primary thing they like about their jobs.
- Ongoing challenges in recruitment and retention include competition with other facilities, a limited applicant pool, and the unique nature of the program that requires persons who really want to do the work.

**No recommendation**

**Finding 2.2: Security and clinical staff have different perceptions regarding the changes in programming and unit rules.**

- The majority of clinical staff described the flexibility of the administration in allowing programmatic changes to occur without undue delay as one of the things they appreciate the most about their jobs, while the majority of security staff reported constant program changes and inconsistency in maintaining unit rules as one of the things they like the least about their jobs.

- Security staff reported that even though communications between security and clinical staff has improved, they would like to participate in discussions regarding changes that impact their job duties and their interactions with the residents.

**Recommendation 2.2:** It is recommended that current channels of communication be reviewed in order to enhance information flow between clinical and security personnel. One goal of this would be to increase opportunities for incorporating ideas and comments by security staff in unit functioning and programming.

**DMHMRSAS Response:** *VCBR has placed an emphasis on increasing communication during security shift briefings to include, providing training, reviewing policies and procedures, and sharing general information. Computers have been placed in staff break areas and designated locations on each ward so that clinical and security staff have greater access to policies, procedures, and shared information.*

*Recently, VCBR identified and assigned direct care staff on each resident living unit to replace security officers during day and evening shifts. Our direct care staff interacts with and provides direction to the residents during programming hours. The supervision of residents by security staff has been reduced. This has brought greater consistency in the understanding and enforcement of ward rules and expectations.*

*To bring greater consistency, generic ward rules were established, posted on each living unit, and communicated to residents and staff. VCBR will submit a comprehensive package to the State Human Rights Committee for their review in December that includes ward rules, expectations, and privileges that are specific to the resident's progress with treatment objectives.*

*All security staff members were recently given the opportunity to participate in the development of post orders that clearly define security role and job expectations. Security staff members at all levels are regularly invited to participate in resident treatment planning. By documenting positive and negative behaviors, all staff members have the opportunity to have a direct impact on treatment planning for all residents.*

*Work hours for key leadership positions have been adjusted to bring consistency throughout the facility by providing more supervision and leadership across all shifts.*

**Finding 2.3: Staffing has been increased as the census has expanded. This has enabled the provision of active treatment while at the same time assuring safety.**

- Twenty-five administrative positions, 12 program positions and 50 security positions were filled at the time of the inspection.
- There are a total of 44 vacancies with a total approved complement of 131 positions. The vacancies include 22 program and 22 security positions.

- There have been discussions about converting some of the vacant security positions to direct care staff positions. These positions would function more like direct care staff in a traditional inpatient setting. They would have greater interaction with the residents and supplement the activities of program staff. This would enhance the facility's ability to provide more activities and programs.
- There were 73 positions filled at the time of the previous inspection and 87 filled currently.

**No recommendation**

**Finding 2.4: Both security and program staff were familiar with their respective responsibilities in the event of a medical emergency.**

- VCBR has a full-time primary care physician. The physician is on-site Monday through Friday during the day shift and on-call after hours, including holidays and weekends.
- There are nursing personnel on campus at all times.
- All staff are trained in CPR and basic first-aid.
- Staff reported that they are required to intervene at the level of their training during a medical emergency but that medical personnel serve as primary care providers once they arrive on the scene.

**No recommendation**

### **3. ENVIRONMENT OF CARE**

**Finding 3.1: Overall, the environment of care was clean and well-maintained.**

- During the inspection, the OIG conducted a tour of the service delivery area that consists of two buildings. Overall, the facility was found to be clean and well maintained.
- Because of space limitations, administrative offices are housed in a separate building outside the secured compound but staff and residents report that administrative staff is on the units daily.
- All the staff interviewed reported that they are pleased with the planed move next year into a permanent facility that will be specifically designed to address both the treatment and security needs of this population.

**No recommendation**

### **4. FACILITY MISSION**

Finding 4.1: The VCBR mission statement was modified during the past year. The updated mission statement is as follows:

*The VCBB is a model behavioral treatment center and a proven innovative leader in the profession. The Commonwealth is a safer place to live and work because the Center maintains suitable custody and exemplary rehabilitation of residents.*

*The employees are the cornerstone of the Center. We share a common purpose and a commitment to the highest professional standards and excellence in public service. The Center, through its unwavering commitment to its employees, is a gratifying place to work and grow professionally.*

**Values:**

- *We believe we can best fulfill our vision and accomplish our mission by demonstrating and living the following values:*
- *Performing work that is purposeful and fulfilling;*
- *Exemplifying professional, ethical, and high moral standards of conduct;*
- *Demonstrating a commitment to the Center's mission; and*
- *Being team players and supporting one another.*

**Goals:**

- *Maintain custody of and provide treatment for residents during their commitment at the Center.*
- *Ensure a safe and healthy environment for staff and residents alike.*
- *Develop and implement effective programs and services that provide residents the opportunity for positive change.*
- *Provide effective leadership so that the Center can optimize its resources to achieve all mandates, initiatives, and services.*

**No recommendation**